

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline
County.....
City or town..... Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 41 Yrs.
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?..... X/

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Caroline
City or town..... Greensboro, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)..... X
2.(a) If veteran, name war.....

3.(a) FULL NAME

Zadia B. Barton

3.(b) Social Security Number

X

4. Sex..... F. 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
6.(b) Name of husband or wife..... Ollie Barton
7. Birth date of deceased (mo., day, yr.)..... May 14, 1879
6.(c) If alive, give age..... years
8. AGE: Years..... 68 Months..... 7 Days..... 15 It less than one day..... hrs. min.

9. Birthplace..... Mt. Jackson Va.
(Town, county, and state)
10. Usual occupation..... Housewife
11. Industry or business..... X

12. Name..... Robert S. Rinker
13. Birthplace..... Virginia
14. Maiden name..... Mary Zaring
15. Birthplace..... Virginia

16. Informant..... Charlett R. Oates
Address..... Long Beach Calif.
17. Burial Date thereof..... 12/ 31/ 47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Greensboro
Location..... Greensboro, Maryland.
18. Funeral director..... Raymond B. Rawlings
Address..... Greensboro, Maryland.

19. Dec 31 19 47 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 29 19 47, at 620 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 29 19 47, to Dec 29 19 47
and that I last saw her alive on Dec 29 19 47.

Immediate cause of death..... Coronary Thrombosis
Disease..... Arteriosclerotic C.V. Disease & hypertension
Due to.....
Due to.....

DURATION

1 hr

Other conditions.....
(Include pregnancy within 3 months of death)

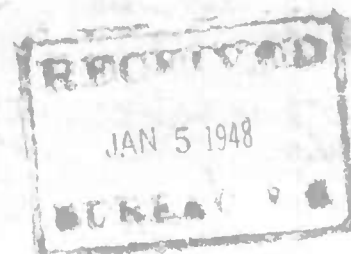
Major findings of operations.....
Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE..... Charles H. Stone
Address..... Greensboro Md Date signed..... Dec 29 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11036

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) ✓2.(a) If veteran, name war. ✓

3.(a) FULL NAME

James Madison Baynard

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

E. Elizabeth

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 8 - 1856

8. AGE:

Years

Months

Days

If less than one day

91928

hrs.

min.

9. Birthplace

Greensboro Caroline Md.
(Town, county, and state)

10. Usual occupation

Retired Miller

11. Industry or business

John Baynard

12. Name

Maryland

13. Birthplace

Marian

14. Maiden name

Maryland

15. Birthplace

Richard Baynard

16. Informant

Greensboro, Md.

Address

Burial Date thereof 12/9/47
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematorium

Greensboro Md.

Location

R. B. Rawlings

18. Funeral director

Greensboro, Md.

Address

Dec 9 1947 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 19 47 at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 24 19 47 to Dec. 6 19 47and that I last saw him alive on Dec. 6 19 47

Immediate cause of death

Old heartDue to Old heartDec. 6

Due to

StrokeOther conditions StrokeStroke

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/24/47

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

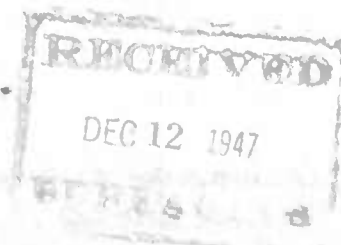
Injured at home, farm, industry, public place (where?) HomeMeans of injury Fell in yard Injured at work?23. SIGNATURE Clark H. HoreauAddress Greensboro Md Date signed Dec 8 1947

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11037

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Near F. Burroville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Caroline
 City or town Burroville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Georgiana Breeding

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife James Breeding, Deceased

7. Birth date of deceased (mo., day, yr.) March 10th 1861 8. (c) If alive, give age _____ years

8. AGE: Years 86 Months 8 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Burroville, Maryland
(Town, county, and state)10. Usual occupation at home

11. Industry or business _____

12. Name Lauder Scott13. Birthplace Maryland14. Maiden name Fancy Weber15. Birthplace Maryland16. Informant Mrs. Clara ButlerAddress Rd. 1 Denton, Ind.17. Buried Date thereof 1-1-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium M. B. Church CemeteryLocation Burroville, Ind.18. Funeral director J. Virgil Moore & SonAddress Denton, Ind.19. 12-31 19 47 Walter B. Johnson
(Date rec'd by registrar) acting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 19 47 at 12:05 A. M.I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 19 31 to Dec. 30 19 47and that I last saw him alive on Dec. 29 19 47

Immediate cause of death Cerebral hemorrhage. DURATION 5 days.

Due to _____

Due to _____

Other conditions arterio sclerosis 10 years.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul W. Smith M.D. M. D. or other
Denton Ind. Address _____

Date signed 12/30/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

11038

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: **Caroline**
County.....
City or town..... **Greensboro**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... **Life**
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... **Md.**..... County..... **Caroline**
City or town..... **Greensboro, Md.**
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME
Ida H. Cooper

3.(b) Social Security Number

4. Sex..... **F**..... 5. Color or race..... **W**..... 6.(a) Single, married, widowed, or divorced..... **Widowed**
6.(b) Name of husband or wife..... **Marcy B. Cooper**
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... **Aug. 19.1865**
8. AGE: Years..... **82**..... Months..... **4**..... Days..... **4**..... If less than one day..... hrs..... min.....

9. Birthplace..... **Greensboro, Md.**
(Town, county, and state)
10. Usual occupation..... **Housewife**
11. Industry or business.....

12. Name..... **William Seward**
13. Birthplace..... **Md.**
14. Maiden name..... **Mary E. bullock**
15. Birthplace..... **Md.**

16. Informant..... **Mrs. Lee Wroten**
Address..... **Symrna, Del.**

17. Burial..... Date thereof..... **Dec. 26.1947**
(Burial, cremation, or removal. Which?)..... (month) (day) (year)
Cemetery or crematory..... **Greensboro, Md.**
Location..... **Greensboro, Md.**

18. Funeral director..... **Raymond. B. Rawlings**
Address..... **Greensboro, Md.**

19. **Dec 24**..... 19 **47**..... **L. M. Pippin**
(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **Dec. 23**..... 19 **47**..... at..... **8:45 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... **Dec. 21**..... 19 **47**..... to..... **Dec 23**..... 19 **47**
and that I last saw him alive on..... **December 22**..... 19 **47**

Immediate cause of death..... **Cerebral Hemorrhage**
..... **to hemorrhage**
Due to..... **Arteriosclerosis C.V.**
Disease & Hypertension
Due to.....

DURATION

3 days

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

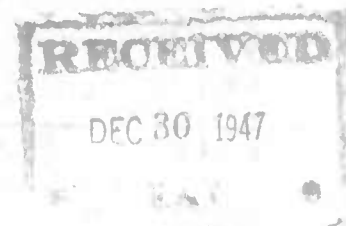
23. SIGNATURE..... **Charles H. Stover**
M. D. or other.....
Address..... **Greensboro, Md.**..... Date signed..... **12-24-47**

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 11039
 Reg. Dist. No. 62

1. PLACE OF DEATH:

 County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 47 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

 (For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Dudley Davis

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Grace Bouvelt

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Dec. 19. 1872

8. AGE:

Years

Months

Days

If less than one day

741120

hrs.

min.

9. Birthplace

Ingleside Queen Anne, Md.
(Town, county, and state)

10. Usual occupation

Druggist

11. Industry or business

MOTHER FATHER

12. Name

Isaac M. Davis

13. Birthplace

Md.

14. Maiden name

Elizabeth Glanding

15. Birthplace

Md.

16. Informant

Mrs. Grace Davis

Address

Ridgely, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Dec. 12. 1947
(month) (day) (year)

Cemetery or crematory

Greensboro.

Location

Greensboro, Md.

18. Funeral director

Raymond, B. Rawlings

Address

Greensboro, Md.

19.

12/9
(Date read by registrar)19. 47Thos B D George
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 19 47, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

Shock

DURATION

immediate

Due to

Fractured Skull

Due to

Fractured Rt & Left Legs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

12/8/47

Where did injury occur?

Ridgely
(City or town)Caroline
(County)Md.
(State)

Injured at home, farm, industry, public place (where?)

State road

Means of injury

Automobile

Injured at work?

no

23. SIGNATURE

Danion D. George
Phys Medical Examiner
Greensboro Md

M. D. or other

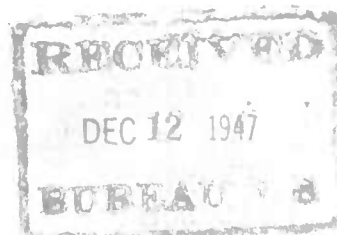
Address

Date signed 12/9/47

RECEIVED

DEC 12 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11042

Reg. Dist. No. 68

1. PLACE OF DEATH:

County Caroline
 City or town Marydel Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 18 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Katie Guedstrough

4. Sex

F

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Thomas Guedstrough

7. Birth date of deceased (mo., day, yr.)

June 7, 1868

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

79625

hrs.

min.

9. Birthplace

Marydel Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

George Wilson

13. Birthplace

Md.

14. Maiden name

Anna Scribner

15. Birthplace

Md.

16. Informant

Harvey Brice

Address

Marydel Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. John

Location

Marydel Md.

18. Funeral director

Raymond B. Rawlins

Address

Greenwood Md.

19.

(Date rec'd by registrar)

19

47a close friend

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Marydel Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1947 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov.1947to Dec.1947

and that I last saw him alive on

Nov.1947

Immediate cause of death

Heart failure

Due to

Organic Disease of Heart
(Valvular)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

W. J. Silver

M. D. or other

Address

Guedstrough Rd.Date signed 12/7/47

RECEIVED

JAN 3 1948

ATREAY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

11041

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 years
 Hospital, institution, or street address where death occurred:
Reliance Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Reliance Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Jerome Griffith

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Carrie Griffith
 6. (c) If alive, give age. — years

7. Birth date of deceased (mo., day, yr.) December 15, 1868

8. AGE: Year 78 Month 11 Days 21 If less than one day
 hrs. min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER 12. Name John Griffith
 13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Hariett Bickel Andrew
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Betty Bramble
 Address Federalburg, Maryland, C.F.D.

17. Burial Date thereof December 9, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery
 Location Federalburg, Maryland

18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland

19. December 8 19 47 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 19 47 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3rd 19 47 to Dec 6 19 47

and that I last saw him alive on Dec 6 19 47

Immediate cause of death Cerebral Hemorrhage

Due to General arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Gannon MD

M. D. or other

Address Federalburg, MD Date signed 12-6-47

RECEIVED

DEC 11 1947

ST. LOUIS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11043

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Goedslors (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Baby Loy Henry

3. (b) Social Security Number

4. Sex Male 5. Color or race colored 6. (a) Single, married, widowed, or divorced Infant

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) December 28 1947 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day 8 1/2 hrs. _____ min.

9. Birthplace Goedslors, Md.
 (Town, county, and state)

10. Usual occupation:

11. Industry or business:

12. Name Josiah Murray
 13. Birthplace Kidgely Md.

14. Maiden name Mary Hazel Henry
 15. Birthplace Goedslors, Md.

16. Informant C. Leroy Henry
 Address Goedslors Md.

17. Burial Date thereof Dec 29-1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematorium Union - near Beltsville
 Location Near Beltsville, Md.

18. Funeral director Charles Henry - Beltsville
 Address Goedslors, Md.

19. Dec 29 1947 L. M. Piggins
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Goedslors (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

Street No. "Mission"
 (If rural, give LOCATION)

2. (a) If veteran, name war:

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1947 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 28 1947 to Dec. 28 1947
 and that I last saw him alive on Dec. 28 1947

Immediate cause of death Prematurity DURATION _____

Due to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of _____

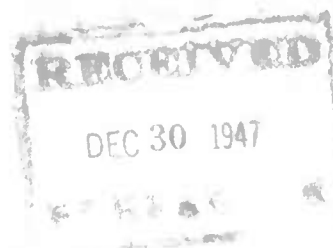
Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Piggins M. D. or other _____

Address Goedslors, Md. Date signed 12-28-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11044

Reg. Dist. No. 62

1. PLACE OF DEATH:

County... Baltimore
 City or town... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind. County... Caroline
 City or town... Benton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Ernest Fleetwood Luck7. Birth date of deceased (mo., day, yr.) Jan. 26th 1887

8. AGE: Years 60 Months 10 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Ridgely, Maryland10. Usual occupation Mail Carrier

11. Industry or business _____

12. Name John H. Luck13. Birthplace New York State14. Maiden name Anna Bethel15. Birthplace New York State16. Informant Ernest LuckAddress Benton, Maryland17. Buried Date thereof 12-4-47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Benton CemeteryLocation Benton, Maryland18. Funeral director Reginald Moore & SonAddress Baltimore, Ind.19. 12/4 19 47 Mark H. G. Jones

(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 19 47 at 3:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 19 47 to Dec 1 19 47 and that I last saw him alive on Dec 1 19 47

Immediate cause of death chronic nephritis
myocarditis

DURATION
5 years
10 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE St Paul Muth MDAddress Benton Ind Date signed 12/3/47

RECEIVED

DEC 12 1947

BU 688

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11045

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 31 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Dec. 4 County Caroline
 City or town Preston, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Kathrine Plutschak

3. (b) Social Security Number

219-03-3576

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife Gus Plutschak

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Aug. 14, 1878

8. AGE:

Years

Months

Days

If less than one day

69

3

20

hrs.

min.

9. Birthplace

Russia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

George Fuchs

13. Birthplace

Russia

MOTHER

14. Maiden name

Elizabeth Holstein

15. Birthplace

Russia

16. Informant

Lillian Kruger

Address

Federalburg, Md.

17.

Burial

Dec. 4, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Jr. Order U. A. M.

Location

Preston, Md.

18. Funeral director

W. H. Hollis & Son

Address

Preston, Md.

19.

12/5

1947

C.D. Plummer

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 4

1947 5 05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 15

1940

to December 4 1947

and that I last saw her alive on

December 3

1947

Immediate cause of death Pulmonary embolus
large blocking part of pulmon-
ary artery

DURATION

4 days

Due to Mural thrombus in heart.

?

Due to

Other conditions Diabetes mellitus

2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Preston Maryland

M. D. or other

Date signed 12/5/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11046

Reg. Diat. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town 1. Denton, Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Caroline
 City or town Wenton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Edward Casper Sabie

3. (b) Social Security Number

4. Sex m 5. Color or race W 6. (a) Single, married, widowed, or divorced widower
 8. (b) Name of husband or wife not known
 7. Birth date of deceased (mo., day, yr.) unknown
 8. AGE: Years Months Days If less than one day
approx 66 known hrs. min.

9. Birthplace unknown
(Town, county, and state)10. Usual occupation Hay Labor

11. Industry or business _____

12. Name James A. Sabie

13. Birthplace _____

14. Maiden name unknown

15. Birthplace _____

16. Informant Thomas EverganAddress Wenton, Ind.17. Buried Date thereof 12-31-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greensboro CemeteryLocation Greensboro, Ind.18. Funeral director J. Virgil Moore & SonAddress Denton, Ind.19. 12-31 19 47 Walter D. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 19 47 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 27 19 47 to Dec. 28 19 47
 and that I last saw him alive on Dec. 27 19 47

Immediate cause of death Bronchial pneumonia
 DURATION 2 days

Due to _____

Due to _____

Other conditions chronic alcoholism - 3 weeks
and arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Auf / North M. D. or otherAddress Denton, Ind. Date signed 12/30/47

RECEIVED

JAN 2 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

11047

1. PLACE OF DEATH:

County... CarolineCity or town... Greensboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr.Hospital, institution, or street address where death occurred ✓How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For unborn infants give residence of mother)

State... Maryland County... CarolineCity or town... Greensboro
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

John W. Short

3. (b) Social Security Number

✓

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Stella Bell

7. Birth date of deceased (mo., day, yr.)

Oct. 20 - 1883

6. (c) If alive, give age... years

8. AGE:

64 Years2 Months1 Days

If less than one day

hrs. min.

9. Birthplace

No Record
(City, town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

James Short

13. Birthplace

Maryland

14. Maiden name

No Record

15. Birthplace

No Record

16. Informant

Medford Short

Address

Greensboro, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

12/24/47
(month) (day) (year)

Cemetery or crematory

M. F. O Live

Location

Heaps Holdingsboro, Md.

18. Funeral director

R. B. Rawlings

Address

Greensboro Md.

19.

Dec 23 1947
(Date rec'd by registrar)L. M. Pippin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec. 21 1947 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1 1947 to Dec. 21 1947and that I last saw him alive on December 21 1947

Immediate cause of death

Paralysis of legs

DURATION

2 1/2 (7)

Due to

Cerebral + General

Due to

arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank X. Stoner
Address Greensboro Md. Date signed 1-9-48

RECEIVED
DEC 27 1947
ST. LOUIS, MO.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **63**

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annabelle Smith

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years 33 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Georgia
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Smith

13. Birthplace Georgia

14. Maiden name Unk.

15. Birthplace Georgia

16. Informant John Edon

Address Preston, Maryland

17. Burial Date thereof Dec. 10, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory J. O. U. & M.

Location Preston, Maryland

18. Funeral director W. H. Halliday & Son

Address Preston, Maryland

19. 12/9 19 47 Cornelia D. Phummes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 19 47 at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Suffocation

DURATION

immediate

Due to Kerosene poured over clothes and burned

Due to _____

Other conditions Mental Case

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 12/8/47

Where did injury occur? Preston, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury _____ Injured at work?

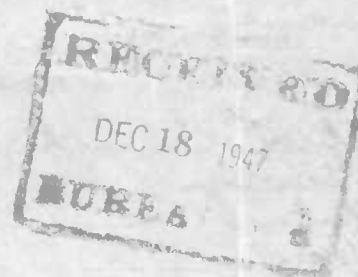
23. SIGNATURE James O. George

Address Denton, Md. Date signed 12/8/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6 ✓

1. PLACE OF DEATH:

County.....*Garfield*.....
City or town.....*Burrowsville*.....*W.Va.*.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....*In C.R.M. all life*.....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother

State Maryland County Caroline

City or town Garrisonville (md side)
(if outside city or town limits, write RURAL and give nearest town)

Street No. Denton - md. P.O. 1
(if rural, give LOCATION)

2. (a) If veteran, name war ✓

3. (a) FULL NAME

Noah Smith

3. (b) Social Security Number

✓

4. Sex <i>Male</i>	5. Color or race <i>White</i>	6. (a) Single, married, widowed, or divorced <i>Widowed</i>
-----------------------	----------------------------------	--

6.(b) Name of husband or wife Maggie Louise Smith

7. Birth date of deceased (mo., day, yr.) *Dec. 3 - 1867* 5. (c) If alive, give age *✓* year

8. AGE:	Years	Months	Days	If less than one day
	80	11	27hrs.min

9. Birthplace..... Kearney Co - Nel. News (Iowa)
(Town, county, and state)

10. Usual occupation..... Retired Farmer

11. Industry or business.....

12. Name..... *Levin Smith*

FATHER 13. Birthplace Don't know

14. Maiden name Agnes J. Adams

15. Birthplace Don't Know

16. Informant Mrs. Clarence Collins
B. 128 + M. 128

Address Durresville, Denton, Md. R.D.
17 Holloman Blvd Date thereof Jan. 4, 1948

(Burial, cremation, or removal. Which?) _____ (month) (day) (year) _____
Cemetery or crematory Hollywood - near Shumacher

Location (90) 11/29/13

18. Funeral director: Mr. G. P. Sawyer
Address: W. H. Sawyer

10 11/2 10 48 Mr & O Pugh

19. (Date rec'd by registrar) 1/10/2000 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 - 1947 at 5.55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Nov 15 1947 to Dec 30 1947

and that I last saw him alive on Dec. 30 1947

Myocardial Infarction

Due to.....

Due to.....

.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of Injury _____ Injured at work? ☒

23. SIGNATURE..... M. D. or other

Address.....Harriet's 4/EK.....Date signed.....1/2/48.....

RECORDED
JAN 6 1948
BUREAU